

Attachment 4.11(e)(2): Evaluation and Report of Progress in Achieving Identified Goals and Priorities and Use of Title I Funds for Innovation and Expansion Activities

As stated in the State Rehabilitation Council's report, Indiana's Commission on Rehabilitation Services Report on the Effectiveness of the Vocational Rehabilitation Services Program, FFY 2007, submitted as a part of this State Plan, progress has been made in improving the effectiveness of the Vocational Rehabilitation Services Program from the previous year.

The Bureau of Rehabilitation Services has done an effective job of meeting all its goals and objectives a through f. Each objective contains narrative as to what was accomplished and the goals met.

AGENCY GOAL: TO INCREASE THE NUMBER OF PEOPLE WITH DISABILITIES IN INTEGRATED, COMPETITIVE EMPLOYMENT

OBJECTIVE A: Indiana VR will increase the quantity and quality of job placements.

MILESTONES/OUTCOMES:

1. VR will develop and implement a Corporate Level Job Development initiative. This includes building a division wide "employment services steering committee" to "connect the pieces" of the many initiatives and workgroups with an employment focus. This will provide a focal point for communications, effectiveness and economy of resources. This includes partnering with the National Vocational Rehabilitation Business Network.

***Measure:** Initial implement of project search by 12-31-07

***Outcome:** One Project Search site was started in February 2008, and one transition program was established in a hospital in March 2008. Five sites have been selected for the first phase of statewide roll out. Indiana has also developed a business relationship with a Fortune 500 company and have had six individuals hired. The Employment Advisory Committee has been formed and has met. Indiana VR is partnering with the NET and has made referrals for positions.

2. VR will work in partnership with State Medicaid Office for management of the Medicaid buy-in program to enhance employment opportunities for Vocational Rehabilitation clients who are Medicaid recipients. This is pending appeal by CMS for the State of Indiana grant request for 2nd generation MIG (Medicaid infrastructure grant).

***Measure:** Outcomes will be based on the goals developed for the grant application in progress.

***Outcome:** The Medicaid Infrastructure Grant (MIG) has continued with several activities. One area of focus has been on data exchange. The Business

Leadership Networks have continued as has the Benefits Information Networks. A Leadership Council has been formed to give guidance for the Comprehensive Grant application.

3. VR will continue with School to Work transition partnerships.

***Measure:** Increase number of applicants from schools by 10% over next 2 years.

***Outcome:** Referrals of transition age students have increased from 2500 in 2006 to 3400 year to date in 2008. VR is committed to continuing to partner with schools and community rehabilitation programs to provide quality transition services.

4. VR will continue to work closely with the Blind and Visually Impaired Services through the Randolph-Sheppard program to expand employment opportunities for both blind and non-blind VR clients.

***Measure:** Will create 50 additional jobs for VR clients in addition to blind vending operations.

***Outcome:** BVIS partnered with a local caterer to provide a training and placement program in food service. Our partner experienced an ownership change causing BVIS to change caterers. YTD 8 individuals have been placed.

5. VR will focus with the Ticket to Work legislation as an employment network in order to serve individuals who are receiving SSI/SSDI benefits, and to partner with other employment networks. Will also prioritize the TTW program to increase revenue from SSA reimbursement relationship.

***Measure:** VR will provide an Employment network Annual Periodic Outcome report to Maximus, which will include such information as: number of ticket holders served, number of ticket holders placed in jobs, number of placements by salary range by industry.

***Outcome:** Changes have occurred in the SSA reimbursement and Indiana is now only doing cost reimbursement. VR is exploring the possibilities under the proposed changes to the Ticket regulations and will partner with CRPs to provide stability for job retention.

OBJECTIVE B: VR staff will operate a quality VR program which will include staff being hired per the Comprehensive System of Personnel Development (CSPD.) (Objective modified 2002)

MILESTONES/OUTCOMES

1. See Attachment 4.11(b) – Comprehensive System of Personnel Development.
2. Continue adherence to the RSA approved state plan (See Pre-Print).
3. VR will continue to obtain customer input on improving service delivery.

4. Staff will continue to be provided in-service training, as needed, and ongoing professional development that supports staff in the maintenance of (Certified Rehabilitation Counselor (CRC) accreditation.
5. The Leadership Academy will continue to be developed in order to provide quality on going training for staff and providers.
6. The existing CSPD system will be reviewed to determine how well it meets current staffing needs.

***Measure:** Based on staff input and performance information the top 10 areas of training have been prioritized and are in development. First training sessions are planned for implementation beginning in June 2007. Sessions will be evaluated and the information available for review. Training is also being developed for online/in house training as needed or when appropriate. Goal is 8 final Orientation modules developed and 7 final beginning modules in 2007.

***Outcome:** The first online Orientation was released in November 07 following the training of Management. The Orientation contains several modules that are interactive between the VRC and the Supervisor. In addition we have built in self administered tests with the Supervisors being able to view the results. Books are recommended and provided as part of the Orientation also. Ten staff have completed the process including passing all tests. This has been very successful in that new employees have immediate access to begin learning their duties and the history of Vocational Rehabilitation. We have also released Case Management online modules and have received favorable responses from staff. We are continuing development of the prioritized modules and are on track with our due dates. It should be noted that we have released the Orientation to our Protection and Advocacy agency to use in orienting their staff, both new and existing. CRC credits are built into as many modules and trainings as possible when appropriate.

OBJECTIVE C: VR customers will have a seamless and customer responsive delivery system.

MILESTONES/OUTCOMES

1. VR customers will have access to a continuously improved and streamlined system of services and partnerships with community services which will include One Stop Centers. This includes the development/maintenance of electronic linkages.
2. VR will work with the Department of Education and local school systems to improve school to work transition programs for students with disabilities.

***Measure:** Thru continuing work with Senate Bill 290 and it requirements.

***Outcome:** The 290 group has continued to meet on a quarterly basis and has been active in addressing issues surrounding transition.

3. VR, in cooperation with the Bureau of Developmental Disabilities Services (BDDS), will establish a seamless service delivery system for customers transitioning from VR Services to Supported Employment Follow-along services.

***Measure:** will be able to provide new operation protocol by the end of the year.

***Outcome:** The Intent to Transfer form can now be exchanged electronically with BDDS. BDDS is providing access to the Waiver Waiting List and VR is exploring ways to start working on this list to encourage individuals to apply for VR earlier.

4. VR will work closely with advocacy groups representing blind and visually impaired customers to improve the quality and quantity of implement outcomes.
5. VR will implement real time deaf interpreter services via Video Remote Interpreting contract.

***Measure:** Video remote interpreting data lines and equipment will be implemented in the Vocational Rehabilitation offices by August 15, 2007.

***Outcome:** All offices are now up and running with VRI services available except for the Clarksville and Jasper office. We expect them to be running on or before June 1, 2008. Currently we have 7 field staff who are using portable VRI equipment and have found the equipment favorable in the field in that it works well with our firewall. In early May 2008 we finished two pilot programs at two different colleges which were successful. In May 2008, we also obtained 4 VPAD devices to try in the field using Wireless technology

6. VR will continue collaboration with partners and stakeholders in the VR process to ensure front line, as well as administrative staff, support customers in obtaining employment, and are knowledgeable in those skills necessary for a successful employment outcome.

OBJECTIVE D: The VR program administration will function effectively and efficiently, supporting all aspects of the VR program.

MILESTONES/OUTCOMES

1. VR will continue the refinement of the automated case management system by evolving to a fully paperless system.

***Measure:** This will be addressed as an automation project. VR will track the project milestones and deliverables for the paperless system project progress.

***Outcome:** A workgroup has been formed for the paperless project to assist in providing input and testing as this project develops. Four major project phases/deliverables have been identified. Estimates have been developed for document imaging needs and for technology costs. Another workgroup is being formed to design and implement a web-based referral system. Additionally, needs

are being assessed for a Virtual Office concept including staff needs and electronic tools needed to complete work assignments.

2. VR will ensure that staff has the tools to do their jobs. Includes resource allocation, caseload size examination, morale, etc.
3. VR will implement the “financial participation procedure” for customers who are accessing VR services.

***Measure:** This will be addressed as an automation project. VR will track the project milestones and deliverables for the "financial participation procedure" project progress. After implementation, measures will be tracked of the actual client financial participation amounts.

***Outcome:** A workgroup continues to assess and evaluate the development of this procedure.

4. VR will work to increase fiscal resources by maximizing reimbursement through SSA/VR, Ticket-to-Work, and relevant state and federal grants.

***Measure:** VR seeks to improve reimbursement levels by 15% from prior year. This will be measured based on actual traditional and milestone/outcome reimbursement amounts.

***Outcome:** For the calendar year 2006 we received \$335,567.04 and for 2007 we received \$473,401.22. VR currently has \$130,606.79 in reimbursements with \$564,684.24 pending reimbursements. For the first year of the Plan we are at a 7% increase and continuing to improve.

VRS FFY 2007 Performance on the Federal Evaluation Standards

Performance Indicator 1.1 The total number of rehabilitations recorded in the current Federal Fiscal Year (FFY) compared to the previous year's total.

Standard: Equal or exceed previous performance period.

During FFY 2007 Indiana recorded 5,046 rehabilitations as compared to 5,616 in FFY 2006. This 10.1% decrease of 570 rehabilitations is below standard.

Performance Indicator 1.2 The total number of rehabilitations divided by the sum of the number of rehabilitations plus the number of Status 28 closures (the New Rehabilitation Rate).

Standard: 55.8%.

During FFY 2007 Indiana achieved a New Rehabilitation Rate of 58.2%, which was above standard. This rate represents a 1.0 percentage point decrease over the FFY 2006 performance of 59.2%.

Performance Indicator 1.3 (Primary) The percentage of rehabilitants who achieve a competitive employment outcome with an hourly wage at or above the FFY 2007 Federal Minimum Wage of \$5.15. Competitive employment includes self and Business Enterprise Program employment.

Standard: 72.6%.

During FFY 2007 96.6% of Indiana's rehabilitants were closed in competitive employment earning at least the Federal Minimum Wage. Indiana's percent exceeded the standard by 24.0 percentage points which satisfied the performance requirement. It also represents a slight 0.7 of a percentage point increase over Indiana's FFY 2006 percentage.

Performance Indicator 1.4 (Primary) The percentage of all competitively placed rehabilitants earning at least the Federal Minimum Wage who have significant disabilities.

Standard: 62.4%.

In FFY 2007 76.9% of Indiana's competitively placed rehabilitants earning at least the Federal Minimum Wage had significant disabilities. This figure exceeds the standard by 14.5 percentage points, which satisfied this performance requirement. This year's percentage represents a 9.2 percentage point increase from last year's percentage of 67.7%.

Performance Indicator 1.5 (Primary) The ratio between the average hourly wage of competitive rehabilitants making at least the Federal Minimum Wage and the State of Indiana's average hourly wage for all employed individuals. In the last three quarters of 2006 and first quarter of 2007, the latest period for which wage data are available, the State of Indiana's average hourly wage was \$17.71.

Standard: 0.52 (Ratio).

The average hourly wage for Indiana's FFY 2007 competitive rehabilitants making at least the Federal Minimum Wage was \$10.83. Dividing \$10.83 by \$17.71 yields a ratio of 0.61, which exceeds the standard of 0.52. Therefore, this performance requirement was satisfied. By comparison, in FFY 2006 the average hourly wage of competitive rehabilitants was \$11.56, and the State of Indiana's average hourly wage was \$17.04, producing a ratio of 0.68. Thus, rehabilitant wages in FFY 2007 declined slightly from FFY 2006 while the State of Indiana average hourly wage rose, resulting in a decline in the ratio from 0.68 in FFY06 to 0.61 in FFY07.

Performance Indicator 1.6 The difference between the percentages of competitively placed rehabilitants making at least the Federal Minimum Wage who say their personal income was their largest single source of support at case closure and those who say their

personal income was their largest single source of support when they applied for services. Personal income includes earnings, rent, interest, and dividends.

Standard: 53.0 (mathematical difference).

During FFY 2007 75.6% of the competitively placed rehabilitants earning at least the Federal Minimum Wage said that their personal income was their largest single source of support at closure. At application 35.4% of this group reported that personal income was their largest single source of support. The difference between these two percentages was 40.2, which is smaller than the 53.0 standard for this indicator. Therefore, Indiana failed to achieve this performance requirement.

By comparison, during FFY 2006 79.4% of the competitively placed rehabilitants earning at least the Federal Minimum Wage said that their personal income was their largest single source of support at closure. At application 45.5% of this group reported that personal income was their largest single source of support. The difference between these two percentages was 33.9. This represents a FFY 2007 6.3 percentage points increase over Indiana's FFY 2006 percentage.

Performance Indicator 2.1 The ratio of the service rate for minorities to the service rate for whites. The service rate for minorities is obtained by dividing the number of minorities who exited the program after receiving services under an IPE by the total number of minorities who exited the program. Similarly, the service rate for whites is obtained by dividing the number of whites who exited the program after receiving services under an IPE by the total number of whites who exited the program (i.e. $[26's+28's]/[02-08's+06-08's+26's+28's+30's]$).

Standard: 0.80 (Ratio).

The service rate for minorities during FFY 2007 was 50.3%. Similarly, the service rate for whites was 59.6% for the same time period. Dividing the minority service rate by the white service rate yields a ratio of 0.85, which is greater than the standard of 0.80. Consequently, Indiana satisfied this performance requirement. By comparison, the service rate for minorities in FFY 2006 was 54.0% while the service rate for whites was 62.7%. Consequently, dividing the minority rate by the white rate yielded a ratio of 0.86. This represents a FFY 2007 0.1 of a percentage point slight decrease from the FFY 2006 percentage.

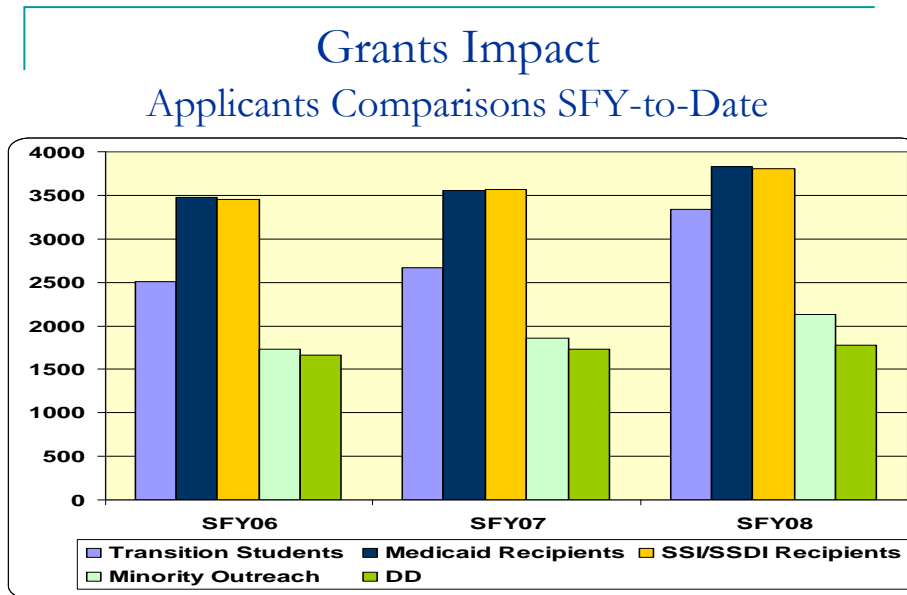
Summary

Since Indiana's performance equaled or exceeded standard on four of the six employment outcome indicators, including all three primary indicators, and exceeded the standard for the equal access indicator, it has avoided participating in an improvement plan for FFY 2007.

INNOVATION AND EXPANSION ACTIVITIES

Indiana targeted 4 areas for innovation and expansion:

1) Corporate level job development 2) School to Work Transition 3) Targeted population Outreach and 4) Program and technological Innovation with grants. A total of \$6.5 million dollars was spent with the following outcomes:



May 5, 2008

Employment Services Advisory Group

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As shown in the graph we have seen positive results and increases in applicants to these targeted outreach areas as planned. This year excess funds are being considered for developing contracts with not for profits to support these same improvement areas in addition to 3 specific focus areas. Our focus will be School to Work Transition, Corporate Job Development and SSA/Ticket to Work.

Evaluation and Report of Progress in Achieving Identified Goals and Priorities and Use of Title I Funds for Innovation and Expansion Activities

For its goals and priorities, the DSU has adopted the evaluation standards found in 34 CFR 361.82 and the performance indicators found in 34 CFR 361.84. These were chosen for our goals and priorities since they remain constant over time, and the DSU can then track its program performance from one year to the next using consistent goals that do not change.

Priority #1: Employment outcomes

Goal 1.1. Total persons with employment (rehabilitation) outcomes (target: increase over previous year).

FY 2005 – 5,961
FY 2006 – 5,616
FY 2007 – 5,046

Goal 1.2. Percent of persons achieving an employment outcome (target: 55.8%).

FY 2005 – 49.1%
FY 2006 – 59.2%
FY 2007 – 58.2%

Goal 1.3. Percent of persons achieving competitive employment—an outcome at or above the minimum wage (target: 72.6%).

FY 2005 – 95.6%
FY 2006 – 95.9%
FY 2007 – 96.6%

Goal 1.4. Percent of persons in competitive employment with significant disabilities (target: 62.4%).

FY 2005 – 69.0%
FY 2006 – 67.7%
FY 2007 – 76.9%

Goal 1.5. Average hourly earnings of persons in competitive employment, divided by the State, all workers, and average hourly earnings (target: 0.52).

FY 2005 – 0.68
FY 2006 – 0.68
FY 2007 – 0.61

Goal 1.6. Application to closure change in percent of persons in competitive employment with own income as primary source of support (target: 53.0).

FY 2005 – 33.6
FY 2006 – 33.9
FY 2007 – 40.2

Priority #2: Equal access to services

Goal 2.1. Service rate for minorities divided by service rate for non-minorities (target: 0.80).

FY 2005 – 0.90
FY 2006 – 0.86
FY 2007 – 0.85

For information on the DSU's activities and progress with the use of Title I funds for innovation and expansion activities, please refer to and 4.12(d).

Annual Report

As required under section 101(a)(15)(E)(ii) of the Act, the Commission on Rehabilitation Services and the DSU annually jointly prepare, agree to and submit to the commissioner a report on the activities and progress of the DSU in meeting its goals and priorities. Upon request, the report is available from DSU.

The DSU uses funds to support the operation and activities the Indiana Commission Rehabilitation Services, and consistent with the state plan prepared under section 105(e)(1),the State Rehabilitation Council.